

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.  APPLICANT(S)	FILING DATE  <b>09/807187</b>
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	4							
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TOTAL CLAIMS	9							